

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) <b>09/701486</b>	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
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TOTAL C.	3		3			
TOTAL P.	12	1	7	1		
TOTAL AIMS	12	1	10	1		

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